



## Office of Congressman J. Randy Forbes

Consent for Release of Personal Records by Executive Agencies

NAME OF AGENCY: \_\_\_\_\_

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	_____	Date of Birth	_____
(mm/dd/yyyy)			
Address _____			
City, State, and Zip Code _____			
SSN: _____			
Phone: Home (     ) _____ Cell (     ) _____ Work (     ) _____			
Email _____			
Would you like to sign up to receive Congressman Forbes' weekly e-newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Please include the following information <i>only</i> if it pertains to your inquiry:</b>			
Veterans Claim Number _____ CSA Number: _____			

I have sought assistance from Congressman J. Randy Forbes on a matter that may require the release of information maintained by your agency and which may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman J. Randy Forbes or any authorized member of his staff until the matter is resolved.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(mm/dd/yyyy)

**Please return this form by mail or fax to:** Congressman J. Randy Forbes  
(care of the nearest district office)

Emporia  
425-H South Main Street  
Emporia, VA 23847  
Ph: (434) 634-5575  
Fax: (434) 634-0511

Chesapeake  
505 Independence Pkwy, Ste.  
104  
Chesapeake, VA 23320  
Ph: (757) 382-0080  
Fax: (757) 382-0780

Colonial Heights  
2903 Boulevard, Suite B  
Colonial Heights, VA 23834  
Ph: (804) 526-4969  
Fax: (804) 526-7486